

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Ruth Dorchoff, Dist. Director  
USCIS  
101 West Congress Parkway  
Chicago, Illinois 60605

## A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*[Signature]*

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7000 0520 0012 3710 9748

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

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## 1. Article Addressed to:

Michael Chertoff, Sec.  
DHS  
Washington, DC 20528

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*[Signature]*

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7000 0520 0012 3710 9724

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

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## 1. Article Addressed to:

Office of U.S. Attorney General  
950 Pennsylvania Ave., NW  
Washington, DC 20530

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*[Signature]*

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7000 0520 0012 3710 9663

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540


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## Track & Confirm

### Search Results

Label/Receipt Number: **7000 0520 0012 3710 9755**  
 Status: **Delivered**

Your item was delivered at 4:46 AM on February 5, 2008 in  
 WASHINGTON, DC 20535.

### Track & Confirm

Enter Label/Receipt Number.

[Go >](#)
[Additional Details >](#)
[Return to USPS.com Home >](#)

### Notification Options

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

[Go >](#)
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No FEAR Act EEO Data

FOIA


 United States Postal Service  
 Not a government agency

 United States Postal Service  
 Not a government agency

7000 0520 0012 3710 9755

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
WASHINGTON DC 20535			
Postage	\$ 1.31	0041	Postmark Here
Certified Fee	\$2.65	05	
Return Receipt Fee (Endorsement Required)	\$2.15		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$ 6.11	01/31/2008	
Recipient's Name (Please Print Clearly) (To be completed by mailer) Robert Mueller, Dir. / FBI Street, Apt. No.; or PO Box No. 935 Pennsylvania Ave., NW City, State, ZIP+4 Washington, DC 20535			
PS Form 3800, February 2000 See Reverse for Instructions			

Avesh Alkahola

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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

AUSA  
219 South Dearborn  
5th floor  
Chicago, Ill 60604

## 2. Article Number

(Transfer from service label)

7000 0520 0012 3710 9731

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Avesh Alkahola*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

D. STOSANOVIC

## C. Date of Delivery

2-7-08

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes